

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913353

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1					
3		1					
4		1					
5		1					
6	1		1				
7		1					
8	1		1				
9	1		1				
10		1					
11	1		1				
12		1					
13	1		1				
14	1		1				
15	1		1				
16	1		1				
17		1					
18	1		1				
19		1					
20	1		1				
21		1					
22	1		1				
23		1					
24	1		1				
25	1						
26	5		1				
27	5		1				
28	5		1				
29	1		1				
30	1		1				
31	1		1				
32		1					
33	1		1				
34		1					
35	1		1				
36	1		1				
37	1		1				
38	1		1				
39	1		1				
40	1		1				
41	1		1				
42	1		1				
43		1					
44	1		1				
45	1		1				
46	1		1				
47	1						
48	2		1				
49	2		1				
50	2		1				
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

BEST AVAILABLE COPY							
51	*	IND.	DEP.	*	IND.	DEP.	*
52	0				1		
53							
54							
55	2				1		
56	1				1		
57	1						
58							
59							
60							
61							
62							
63	4						
64	0				1		
65	0				1		
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
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89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.					8		
TOTAL DEP.					57		
TOTAL CLAIMS					65		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831